

FACSIMILE COVER SHEET

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August 19, 2004

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TO: Examiner Borin (TC1600)**GROUP: 1631****FAX NUMBER: 703-872-9306****ATTORNEY DOCKET NO.: DEX-0312****SERIAL NO.: 09/882,843****FILED: June 15, 2001****NUMBER OF PAGES: 22**

MESSAGE: Attached please find an Amendment Transmittal Letter (in duplicate);
Reply to the Office Action mailed May 19, 2004;
Two Sequence Alignments and
a Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Salceda et al.

Docket No.

DEX-0312

Application No.

10/078,090

Filing Date

February 14, 2002

Examiner

Borin, Michael L.

Group Art Unit

1631

Invention: Compositions and Methods Relating to Breast Specific Genes and Proteins

I hereby certify that this Reply to Office Action dated May 19, 2004

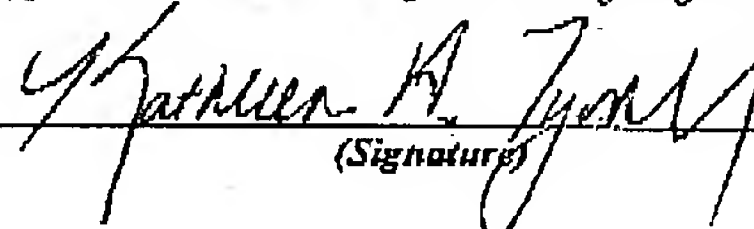
(Identify type of correspondence)

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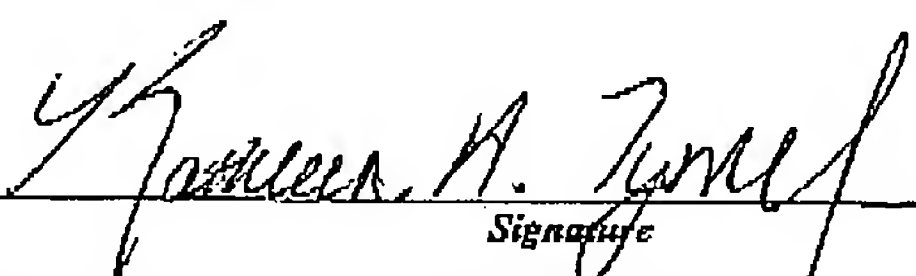
(Date)

Kathleen A. Tyrrell

(Typed or Printed Name of Person Signing Certificate)


(Signature)

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. DEX-0312	
Applicant(s): Salceda et al.						
Application No. 10/078,090	Filing Date February 14, 2002	Examiner Borin, Michael L.	Customer No. 32800	Group Art Unit 1631	Confirmation No. 5706	
Invention: Compositions and Methods Relating to Breast Specific Genes and Proteins						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	12 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Kathleen A. Tyrrell, Reg. No. 38,350			Dated: August 19, 2004			
Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)			
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